

ESSAY CONTEST APPLICATION FORM

Full Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____

Name of College/University: _____

Class (Freshman, Sophomore, etc.): _____

What drew you to this scholarship contest?

What message would you give to smokers?

In your opinion, what is the best way to raise awareness about the dangers of smoking?

By entering this essay contest, I warrant that I meet the following eligibility requirements:

(1) I am at least 18-years-old or older; (2) I am an undergraduate or graduate student who is currently enrolled in a college or university located within the United States, Canada, Australia, New Zealand or the UK; and (3) I have read and understand the AdzeYbrant.com Scholarship Rules and Regulations and understand I am legally bound by them.

Signature: _____

Please sign and return this application by email to

Please Print Name: _____ scholarship@adzeybrant.com

Date: _____

Keep a copy for your records.